

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |              |                 |  |  |    |  |  |  |
|---|-----------------------------------|---|--------------|-----------------|--|--|----|--|--|--|
| 1 Date of Request: <u>6-15-05</u>                     |                                   | 2 Serial/Patent # <u>10/510990</u>  |              |                 |  |  |    |  |  |  |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT        |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Filing                            |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Amendment                         |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Extension of Time                 |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Petition                          |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Issue                             |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Maintenance                       |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Assignment                        |   |              | \$              |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Other                             |   |              | \$              |  |  |    |  |  |  |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$ <u>65.00</u> |  |  |    |  |  |  |
|   |                                   | 8 TO BE REFUNDED BY:  |              |                 |  |  |    |  |  |  |
| 10 REASON:  |                                   | Treasury Check  |              |                 |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Overpayment                       | Credit Deposit A/C #:   |              |                 |  |  |    |  |  |  |
| <input type="checkbox"/>                              | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |              |                 |  |  | -- |  |  |  |
|   |                                   | --  |              |                 |  |  |    |  |  |  |
| <input type="checkbox"/>                              | No Fee Due (Explanation):         |   |              |                 |  |  |    |  |  |  |
| <u>Credit Card Refund</u><br><u>\$65.00</u>           |                                   |   |              |                 |  |  |    |  |  |  |
| 11 REFUND REQUESTED BY:                               |                                   |   |              |                 |  |  |    |  |  |  |
| TYPED/PRINTED NAME: <u>BIC</u>                        |                                   | TITLE: _____  |              |                 |  |  |    |  |  |  |
| SIGNATURE: <u>BIC</u>                                 |                                   | Refund Ref: <u>06/23/2005</u><br>PHONE: <u>8038022878</u>   |              |                 |  |  |    |  |  |  |
| OFFICE: <u>PT/DU/EO</u>                               |                                   | Credit Card Refund Total: <u>\$65.00</u>  |              |                 |  |  |    |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |              |                 |  |  |    |  |  |  |
| APPROVED: _____                                       |                                   | Ad Exp.: XXXXXXXXXXXX1107<br>DATE: _____  |              |                 |  |  |    |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*